

Section 9. Bureau of Quality Improvement Services (BQIS)

9.1 Organization of BQIS

BQIS is a separate Bureau under the Division of Disability, Aging, and Rehabilitative Services (DDARS). There are 3 "units" within BQIS:

- Reports and Statistics;
- Research and Innovation; and
- Compliance

9.1.1. Reports and Statistics

The functions of this unit include managing the data/information for BQIS and developing management and ad hoc reports. This unit will also be responsible for completing analyses of data. This unit will work with other units within BQIS, as well as other bureaus under DDARS.

9.1.2. Research and Innovation

This unit serves as the research and special projects unit. Functions include compiling and maintaining information on recent trends in service delivery and quality improvement, identification of best practices, completion of special projects, and dissemination of information throughout all service delivery levels. This unit works with other units within BQIS, with other Bureaus under DDARS, with educational organizations, as well as with consumer, community, and advocacy groups.

9.1.3. Compliance

This unit oversees the completion of provider surveys based on provider standards. Functions include on-going training of quality monitors, management of survey data, follow-up on corrective action, and completion of monthly/yearly reports on surveys. This unit will coordinate with the completion of the Core Indicator Project Consumer Survey, Family Survey, and Provider Survey. This unit works with the other units in BQIS, with other bureaus in DDARS, and with consumers and providers.

9.1.3.1 Provider Surveys

Nineteen Quality Monitors, located in BDDS District Offices throughout the state are responsible for completing annual surveys on all providers and case managers providing services to individuals with developmental disabilities funded by the DD Waiver, the Autism Waiver, and the Bureau of Developmental Disabilities Services. The focus of the unannounced surveys is to assess the services provided to individuals based on each individual's Support Plan.

The information obtained during the survey is shared with the service provider, the case manager and the BDDS District Office. The information from the surveys is used to assess the quality of life of individuals receiving services, to identify deficiencies in the service delivery system, and to provide for continuous quality improvement.

If deficiencies are noted during the survey, the appropriate entity will be asked to correct the situation. The Quality Monitors also make unannounced visits to individuals when complaints have been lodged or when situations described in incident reports need investigation.

9.1.3.2. Core Indicators Project Surveys

In January 1997, the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI) launched the Core Indicators Project (CIP). The project's aim is to develop nationally recognized performance and outcome indicators that will enable developmental disabilities policymakers to benchmark the performance of their state against the performance of other states. CIP performance indicators also enable each state developmental disabilities agency to track system performance and outcomes from year to year on a consistent basis.

The CIP is a collaboration among participating NASDDDS member state agencies and HSRI, the

objective of which is to develop a systematic approach to performance and outcome measurement. The adoption of performance indicators as a quality assurance technique is both a consequence of the change in expectations as well as a method for maintaining a focus on person-centered outcomes.

Through the project, participating states pool their resources and knowledge to create performance monitoring systems, identify common performance indicators, work out comparable data collection strategies, and share results. Indiana joined the CIP in Phase IV, which began June 2001, with the goal of submitting all data in February 2002. Indiana will anticipate the results of Phase IV to be provided in May 2002.

There are 3 types of standardized survey tools utilized in the CIP:

- A consumer interview/survey tool;
- A family survey tool; and
- A provider survey tool.

Each is used to gather information for specific project outcomes and performance indicators. The quality monitors will conduct the consumer survey portion of the project with a random sample drawn from individuals who are receiving services from the DD Waiver. The family survey will be mailed to a random sample of families with a family member with a developmental disability regardless of where the family member resides. The provider survey will be mailed to all core service providers of the DD Waiver. The response rate to these survey is critical to the overall success of this project.

9.2 Quality Improvement Committee Structure

A key function of BQIS is the development and management of a QI committee structure that has been established to address a wide range of quality improvement areas. These committees are:

- a) Mortality Review Committee;
- b) Risk Management Committee;
- c) Consumer/Community Advisory Council; and
- d) Standards Committee.

These committees review and analyze pertinent data and information and develop recommendations that are designed to improve the quality of services provided. Recommendations from each committee will be forwarded to the Quality Improvement Executive Council, QIEC, which is DDARS strategic planning and policy development body. BQIS monitors the implementation and impact of recommendations agreed upon by the QIEC.

9.2.1. Mortality Review Committee (MRC)

The MRC was established effective February 2, 2000, to review all deaths that occur within the service delivery system for individuals with developmental disabilities. The MRC uses information gathered during the review to determine trends, direct training needs, make recommendations to address concerns, and provide an effective feedback mechanism to service providers and other appropriate stakeholders.

When a death occurs, a procedure is initiated that requires providers to report the death to DDARS by telephone (317) 232-1046, within 24 hours or by the close of the next business day; and to report the death by filing an incident report according to BDDS Incident Reporting Policy. The case is referred to the MRC. The provider must give DDARS additional written information about the circumstances of the death, the health status of the individual before and at the time of death, and the individual's activities and staff interaction in the 7 days prior to the death. If the death occurred in a hospital setting, the individual's activities and staff interactions in the 7 days that services were provided to the individual prior to the hospitalization are necessary. This information is sent to the MRC for its review, along with the death certificate, autopsy report, coroner report, hospital and physician records, and when appropriate, the individual's support plan, behavior plan, and the provider's internal policies and procedures.

9.3 Reporting of Medicaid Fraud

Examples of Medicaid program fraud are as follows:

- A provider bills for services other than those authorized by the Plan of Care or for services that the individual does not need;
- A provider bills Medicaid for services a the individual did not receive;
- An individual gives or lends his/her Medicaid card to another individual with the intent of that individual receiving Medicaid services;
- A provider bills for more or different services(s) than the individual actually received.

Information related to Medicaid fraud should be reported to:

EDS Surveillance and Utilization Review Unit

P.O. Box 68764

Indianapolis, Indiana 46268-0764

1-800-457-4515 or (317) 488-5045

and

Indiana Medicaid Fraud Control Unit

Office of the Attorney General

Room 219, State House

200 West Washington Street

Indianapolis, Indiana 46204-2794

1-800 382-1039 or (317) 232-6520